

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNTANT  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE

MR

FIRST

ROGER

MI

O.

NICKNAME

LAST

FLORES

SUFFIX

JR.

## OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. BOX 2233

SAT 78290-2233

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE

MRS.

FIRST

JANINE

MI

P.

NICKNAME

LAST

FLORES

SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

702 W. RUSSELL PL

SAT 78212

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 736.1469

8 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month

Day

Year

01 / 01 / 03

THROUGH

Month

Day

Year

03 / 24 / 03

10 ELECTION

ELECTION DATE

Month

Day

Year

05 / 03 / 03

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL, DISTRICT 1

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



# **CANDIDATE / OFFICEHOLDER REPORT** **SUPPORT & TOTALS**

**FORM C/OH**  
**COVER SHEET PG 2**

2003 APR -3 P 3:41

14 C/OH NAME

ROGER FLORES, JR.

15 ACCOUNT # (Ethics Commission files)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

☐ additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE  
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,160.<sup>00</sup>

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

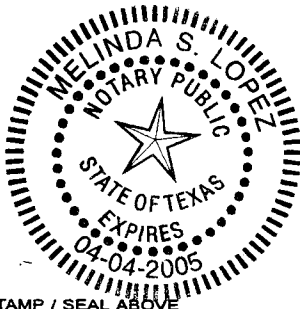
\$ 22,184.<sup>54</sup>

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roger Flores, this the 3rd day of April, 20 03, to certify which, witness my hand and seal of office.

*Melinda S. Lopez*

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**
**SCHEDULE A1**

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3

Total pages, this Schedule A1:

1 OF 10

2 FILER NAME <b>ROGER FLORES, JR</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1-2-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LAWRENCE ROMO</b>	7 Amount of contribution (\$) <b>\$50</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2906 WOOD KNOLL SAT 78251</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>1-3-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RAYMOND CARVAJAL</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3410 ROOSEVELT AVE SAT 78214</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>1-13-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>THOMAS R. SEMMES</b>	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>800 NAVARRO, SUITE 210 SAT 78205</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>1-13-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOAN &amp; ROBERT CARABIN</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>210 LAVACA ST. SAT 78210</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>1-14-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LAURA MCALLISTER JOHNSON</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>200 CONCORD PLAZA #1025 SAT 78216</b>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**
**SCHEDULE A1**
**FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)**

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2003 APR -3

Total Pages/this Schedule A1:

2 OF 10

2 FILER NAME

**ROGER FLORES, JR**

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-17-03

5 Full name of contributor

☐ out-of-state PAC (ID#)

**EDITH S. McALLISTER**

6 Contributor address; City; State; Zip Code

**203 TERRELL RD.  
SAT 78209**

7 Amount of contribution (\$)

**\$250**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1-23-03

Full name of contributor

☐ out-of-state PAC (ID#)

**SAN ANTONIO FIREFIGHTERS P.A.C.**

Contributor address; City; State; Zip Code

**8925 WEST IH-10  
SAT 78230**

Amount of contribution (\$)

**\$250**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1-27-03

Full name of contributor

☐ out-of-state PAC (ID#)

**LILY MONTEALEGRE**

Contributor address; City; State; Zip Code

**9200 MARYMONT PARK DR.  
SAT 78217**

Amount of contribution (\$)

**\$250**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1-28-03

Full name of contributor

☐ out-of-state PAC (ID#)

**EDWARD G. STEVES**

Contributor address; City; State; Zip Code

**P.O. BOX 18166  
SAT 78297**

Amount of contribution (\$)

**\$1000**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1-28-03

Full name of contributor

☐ out-of-state PAC (ID#)

**MARSHALL T. STEVES, JR**

Contributor address; City; State; Zip Code

**P.O. BOX 38005  
SAT 78241**

Amount of contribution (\$)

**\$1000**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS CITY OF SAN ANTONIO  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED  
2003 APR -3 P 3 41  
CITY CLERK

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1 Total pages this Schedule A1:

3 OF 10

2 FILER NAME

ROGER FLORES, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-11-03

5 Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD C. ADAM, DPM, P.A.

6 Contributor address; City; State; Zip Code

2829 BARBDOCK RD., SUITE 115  
SAT 78229

7 Amount of  
contribution (\$)

\$250

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2-11-03

Full name of contributor

☐ out-of-state PAC (ID#)

RAMIRO VALADEZ, JR.

Contributor address; City; State; Zip Code

P.O. BOX 240520  
SAT 78224

Amount of  
contribution (\$)

\$500

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-12-03

Full name of contributor

☐ out-of-state PAC (ID#)

VELIA ARCINIEGA

Contributor address; City; State; Zip Code

415 E. WOODLAWN #2  
SAT 78212

Amount of  
contribution (\$)

\$50

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-13-03

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM D. WEATHERFORD, JR.

Contributor address; City; State; Zip Code

219 ANNE LEWIS DR.  
SAT 78216

Amount of  
contribution (\$)

\$40

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2-10-03

Full name of contributor

☐ out-of-state PAC (ID#)

ALBERT & JANIE PRECIADO

Contributor address; City; State; Zip Code

P.O. BOX 236006  
SAT 78223

Amount of  
contribution (\$)

\$500

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**
**SCHEDULE A1**

 FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS

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2003 APR -3 P

3 pages this Schedule A1:

4 OF 10

2 FILER NAME <b>ROGER FLORES, JR</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2-18-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CARL ROBIN TEAGUE</b>	7 Amount of contribution (\$) <b>\$50</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>105 S. ST. MARY'S ST. #850 SAT 78205</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>2-18-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>KURT DAVID BETHERFORD</b>	Amount of contribution (\$) <b>\$25</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>152 E. PECAN ST. APT. 502 SAT 78205</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>2-19-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ROBERT SANCHEZ</b>	Amount of contribution (\$) <b>\$10</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3815 WEST AVE. #209 SAT 78213</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>2-20-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DAVID OPPENHEIMER</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>711 NAVARRO SAT 78205</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>2-21-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>KRIS J. BIRD</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>120 E. EDGEWOODS PL SAT 78209</b>			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
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CITY OF SAN ANTONIO  
CITY CLERK**
**SCHEDULE A1**

 OR FORMS C/OH, C/OH-SS, SC-C/OH,  
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5 OF 10

2 FILER NAME <b>ROGER FLORES, JR</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2-21-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ABELINA F. VALERO</b>	7 Amount of contribution (\$) <b>\$ 25</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5011 VILLAGE GREEN SAT 78218</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>2-21-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>FREDERIC &amp; MELISSA WICKER</b>	Amount of contribution (\$) <b>\$ 25</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>228 SPICE OAK LANE CIBOLO, TEXAS 78108</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>2-21-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LISA &amp; SCOTT ROBERTS</b>	Amount of contribution (\$) <b>\$ 25</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>14911 EMINENCE SAT 78248</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>2-28-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LAURA A. HERNANDEZ</b>	Amount of contribution (\$) <b>\$ 200</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>123 CEDAR SAT 78210</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>3-1-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MARIO &amp; ABIGAIL BARRERA</b>	Amount of contribution (\$) <b>\$ 250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>135 W. GRANERCY PL SAT 78212</b>			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**
**SCHEDULE A1**

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

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2003 APR -3 P 3:12

Total pages this Schedule A1:

6 OF 10

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

3.1.03

5 Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT L. KNIJEWSKI

6 Contributor address; City; State; Zip Code

 123 CEDAR  
SAT 78210

 7 Amount of  
contribution (\$)

\$ 200

 8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3.1.03

Full name of contributor

☐ out-of-state PAC (ID#)

EUGENE W. MARCK

Contributor address; City; State; Zip Code

 5018 KENTON VIEW  
SAT 78240

 Amount of  
contribution (\$)

\$ 25

 In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3.5.03

Full name of contributor

☐ out-of-state PAC (ID#)

STANLEY &amp; LINDA BLEND

Contributor address; City; State; Zip Code

 14122 BLUFF MANOR DR.  
SAT 78216

 Amount of  
contribution (\$)

\$ 100

 In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3.6.03

Full name of contributor

☐ out-of-state PAC (ID#)

THERESA LOPEZ &amp; LUPE TREVINO

Contributor address; City; State; Zip Code

 1547 W. MISTLETOE AVE.  
SAT 78201

 Amount of  
contribution (\$)

\$ 35

 In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3.6.03

Full name of contributor

☐ out-of-state PAC (ID#)

PATRICK H. AUTRY

Contributor address; City; State; Zip Code

 24 WASP CREEK RD  
BOERNE, TEXAS 78006

 Amount of  
contribution (\$)

\$ 100

 In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**
**SCHEDULE A1**

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

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 2003 APR -3 P 3:42  
 Total pages this Schedule A1:  
**7 OF 10**

2 FILER NAME <b>ROGER FLORES, JR</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-11-03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TYLER E. MERCER</b>	7 Amount of contribution (\$) <b>\$100</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>428 CANTERBURY HILL ST. SAT 78209</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>3-11-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ARTHUR &amp; NORUA RODRIGUEZ</b>	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2101 W. SUMMIT AVE. SAT 78201</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>3-12-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DR. &amp; MRS. RALPH WELLS</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1231 S. ALAMO SAT 78210</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>3-12-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOHN BENITO, JR.</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>13122 BLANCHE COKER ST. SAT 78216</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>3-16-03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ROBERT J. BRUNI</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>12703 OLD WICK RD. SAT 78230</b>			
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE A1

FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS

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2003 APR - 31 Total pages: 10 Schedule A1:

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2 FILER NAME <b>ROGER FLORES, JR</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3.17.03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BERKLEY V. DAWSON</b>	7 Amount of contribution (\$) <b>\$500</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. BOX 937 SAT 78202</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>3.19.03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ROBERT M. VEGA, JR</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>325 TAFT SAT 78225</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>3.20.03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>THEODORE SCHULTZ</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>12003 VAREJUNTOS SAT 78233</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>3.21.03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>EDWARD K. KOPLOW</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7744 BROADWAY, SUITE 210 SAT 78209</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>3.21.03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RICHARD M. KLEBERG III</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 17777 SAT 78217</b>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**
**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

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2003 APR -3 P 3:42

Total pages this Schedule A1:

9 OF 10

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

3.21.03

5 Full name of contributor

☐ out-of-state PAC (ID#)

JAMES &amp; ROXANA HAYNE

6 Contributor address; City; State; Zip Code

110 PASEO ENCINAL  
SAT 782127 Amount of  
contribution (\$)

#100

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3.23.03

Full name of contributor

☐ out-of-state PAC (ID#)

JERRY L. KUIPPA, SPECIAL

Contributor address; City; State; Zip Code

BOX 104  
BOERLIE, TEXAS 78006Amount of  
contribution (\$)

#100

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3.24.03

Full name of contributor

☐ out-of-state PAC (ID#)

EDITH S. MCALLISTER

Contributor address; City; State; Zip Code

203 TERRELL RD.  
SAT 78209Amount of  
contribution (\$)

#250

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3.24.03

Full name of contributor

☐ out-of-state PAC (ID#)

ANA PATRICIA NUNEZ-ROIZ

Contributor address; City; State; Zip Code

230 PASEO ENCINAL  
SAT 78212Amount of  
contribution (\$)

#200

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3.24.03

Full name of contributor

☐ out-of-state PAC (ID#)

SCOTT &amp; ELEANOR PETTY

Contributor address; City; State; Zip Code

202 LA JARA  
SAT 78209Amount of  
contribution (\$)

#500

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

2003 APR -3 P 3:42

**SCHEDULE A1**

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

10 OF 10

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-24-03

5 Full name of contributor

☐ out-of-state PAC (ID#)

M.T.C. REAL ESTATE, CORTEZ FAMILY

6 Contributor address; City; State; Zip Code

800 DOLORESA, SUITE 204  
SAT 78207

7 Amount of contribution (\$)

\$500

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-24-03

Full name of contributor

☐ out-of-state PAC (ID#)

BRIAN & TINA WEINER

Contributor address; City; State; Zip Code

P.O. BOX 7608  
SAT 78207

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

**SCHEDULE C**

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 3:42

Total pages this Schedule C:

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-24-03

5 Corporation / Labor Organization name

I.B.E.W-C.O.P.E

7 Amount of contribution (\$)

\$500

8 In-kind contribution description (if applicable)

6 Corporation / Labor Organization address; City; State; Zip Code

1125 15TH ST, N.W  
WASHINGTON, DC 20005

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

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## POLITICAL EXPENDITURES

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 2003 APR -3 P 3:42

1 Total pages Schedule F:

1 OF 7

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

1.1.03

5 Payee name

ROFO'S INC.

7 Amount  
(\$)

# 299

6 Payee address; City; State; Zip Code

110 JEFFERSON SAT 78205

8 Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT, (PHONE)

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

1.3.03

Payee name

DAWN ANN LARIOS

Amount  
(\$)

# 1100

Payee address; City; State; Zip Code

4706 PARADISE WOODS SAT 78249

Purpose of payment (See instructions regarding type of information required.)

CONTRACT/CAMPAIGN MGR.

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

1.3.03

Payee name

DAWN ANN LARIOS

Amount  
(\$)

# 81.50

Payee address; City; State; Zip Code

4706 PARADISE WOODS SAT 78249

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

1.0.03

Payee name

WALGREEN'S

Amount  
(\$)

# 21.75

Payee address; City; State; Zip Code

300 E HOUSTON SAT 78205

Purpose of payment (See instructions regarding type of information required.)

PHOTOS (WEBSITE, PUSH CARD)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

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## POLITICAL EXPENDITURES

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 3:42

1 Total pages Schedule F:

2 of 7

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-10-03

5 Payee name

VOTERBANK

7 Amount (\$)

\$500

6 Payee address; City; State; Zip Code

6226 MISSION RD. SAT 78210

8 Purpose of payment (See instructions regarding type of information required.)

WALK LISTS

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

1-10-03

Payee name

MUNGUIA PRINTERS, INC.

Amount (\$)

\$103.65

Payee address; City; State; Zip Code

2201 BUENA VISTA SAT 78207

Purpose of payment (See instructions regarding type of information required.)

CONTRIBUTION ENVELOPES

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

1-10-03

Payee name

KIP MORRISON

Amount (\$)

\$3000

Payee address; City; State; Zip Code

510 E. RAMSEY, SUITE 1 SAT 78210

Purpose of payment (See instructions regarding type of information required.)

SIGNS, STICKERS

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

1-17-03

Payee name

DAWN ANN LARIOS

Amount (\$)

\$1100

Payee address; City; State; Zip Code

4106 PARADISE WOODS SAT 78249

Purpose of payment (See instructions regarding type of information required.)

CONTRACT, CAMPAIGN MGR.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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## POLITICAL EXPENDITURES

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 3:42

Total pages Schedule F:

3 OF 7

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-21-03

5 Payee name

MUNGUIA PRINTERS, INC.

7

Amount  
(\$)

\$242.71

6 Payee address; City; State; Zip Code

2201 BUENA VISTA SAT 78207

8 Purpose of payment (See instructions regarding type of information required.)

TICKETS, FLYERS, SPONSOR  
SHEETS FOR SENIOR DANCE

9

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

1-22-03

Payee name

MORRISON GROUP

Amount  
(\$)

\$7153.33

Payee address; City; State; Zip Code

510 E. RAMSEY, SUITE 1 SAT 78216

Purpose of payment (See instructions regarding type of information required.)

SIGNS, BANNERS

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

1-22-03

Payee name

VISUAL NET DESIGN/MANUEL OBUTAS

Amount  
(\$)

\$235

Payee address; City; State; Zip Code

P.O. BOX 701921 SAT 78270

Purpose of payment (See instructions regarding type of information required.)

WEBSITE, WEB DESIGN

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

1-29-03

Payee name

KENNETH ENG

Amount  
(\$)

\$150

Payee address; City; State; Zip Code

206 E. PARK SAT 78212

Purpose of payment (See instructions regarding type of information required.)

PLACEMENT OF SIGNS

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

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## POLITICAL EXPENDITURES

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 3:42

Total pages Schedule F:  
4 OF 7

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-29-03

5 Payee name

EASY DRIVE - SAN ANTONIO

7 Amount  
(\$)

\$ 330.64

6 Payee address; City; State; Zip Code

906 RUIZ ST. SAT 78207

8 Purpose of payment (See instructions regarding type of information required.)

STAKES FOR SIGNS

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

1-29-03

Payee name

HOME DEPOT

Amount  
(\$)

\$ 38.73

Payee address; City; State; Zip Code

12071 IH-10 W SAT 78249

Purpose of payment (See instructions regarding type of information required.)

NAILS &amp; STRAPS FOR SIGNS

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2-7-03

Payee name

OFFICE DEPOT

Amount  
(\$)

\$ 99.70

Payee address; City; State; Zip Code

25 NE LOOP 410, SUITE 100 SAT 78216

Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2-7-03

Payee name

KENNETH EUG

Amount  
(\$)

\$ 40

Payee address; City; State; Zip Code

206 E. PARK SAT 78212

Purpose of payment (See instructions regarding type of information required.)

PLACEMENT OF SIGNS

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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## POLITICAL EXPENDITURES

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 2003 APR -3 P 3:42

1 Total pages Schedule F:  
5 OF 7

2 FILER NAME ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

MORRISON GROUP

7 Amount  
(\$)

2.8.03

6 Payee address;

City;

State;

Zip Code

510 E. RAMSEY, SUITE 1 SAT 78216

\$ 1035.00

8 Purpose of payment (See instructions regarding type of information required.)

PUSHCARDS FOR WALKS

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

MORRISON GROUP

Amount  
(\$)

2.13.03

Payee address;

City;

State;

Zip Code

510 E. RAMSEY, SUITE 1 SAT 78216

\$ 1556.13

Purpose of payment (See instructions regarding type of information required.)

PUSHCARDS FOR WALKS

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

KENNETH ENEN

Amount  
(\$)

2.14.03

Payee address;

City;

State;

Zip Code

206 E. PARK SAT 78212

\$ 210

Purpose of payment (See instructions regarding type of information required.)

PLACEMENT OF SIGNS

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

OFFICE MAX

Amount  
(\$)

2.14.03

Payee address;

City;

State;

Zip Code

255 E. PASSE, SUITE 1510 SAT 78209

\$ 30.17

Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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## POLITICAL EXPENDITURES

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CITY OF SAN ANTONIO  
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 3:42

Total pages Schedule F:

6 OF 7

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-17-03

5 Payee name

HENRY FARIAS

7

Amount  
(\$)

#125

6 Payee address; City; State; Zip Code

123 BROAD BEIT SAT 78210

8 Purpose of payment (See instructions regarding type of information required.)

PLACEMENT OF SIGNS

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

2-28-03

Payee name

MUNGUIA PRINTERS, INC.

Amount  
(\$)

#710.00

Payee address; City; State; Zip Code

2201 BUENA VISTA SAT 78207

Purpose of payment (See instructions regarding type of information required.)

DOOR HANGERS FOR WALKS

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

3-14-03

Payee name

MORRISON GROUP

Amount  
(\$)

#1447.05

Payee address; City; State; Zip Code

510 E. PANSKY, SUITE 1 SAT 78216

Purpose of payment (See instructions regarding type of information required.)

ART WORK, PHOTO SESSIONS

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

3-17-03

Payee name

ALAMO FIESTA ON MAIN

Amount  
(\$)

#51.35

Payee address; City; State; Zip Code

2025 N. MAIN AVE. SAT 78212

Purpose of payment (See instructions regarding type of information required.)

FLOWERS FOR SENIOR CENTERS

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

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## POLITICAL EXPENDITURES

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CITY OF SAN ANTONIO  
CITY CLERK

SCHEDULE F

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2003 APR -3 P 3:42

Total pages Schedule F:

42 OF 7

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-17-03

5 Payee name

U.S. POSTMASTER

7 Amount (\$)

\$129.50

6 Payee address;

City; State; Zip Code

LAUREL HEIGHTS STATION SAT 78212

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

3-10-03

Payee name

CITY PUBLIC SERVICE

Amount (\$)

\$120.30

Payee address;

City; State; Zip Code

P.O. BOX 2678 SAT 78289

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

3-23-03

Payee name

KENNETH EVEN

Amount (\$)

\$200

Payee address;

City; State; Zip Code

206 E. PARK SAT 78212

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

PLACEMENT OF SIGNS

Date

3-24-03

Payee name

MUNGUIA PRINTERS, INC.

Amount (\$)

\$1985.31

Payee address;

City; State; Zip Code

2201 BUENA VISTA SAT 78207

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

SENIOR MAILER

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